

PRINTED: 03/23/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 01/06/2016
NAME OF PROVIDER OR SUPPLIER  ARBOR CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BANNER AVENUE GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  Report of a Follow-up Complaint Survey by Frank Strickland and Greg Cates on 01/06/2016:  Records indicate this facility was first licensed on 08/28/1973. The facility is currently licensed for 92 Adult Care Home beds. Therefore, this facility is required to meet the 1971 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1967 North Carolina State Building Code-Group "D".  Deficiencies were cite that will require a plan of correction.	(C 000)		
C 158	Laundry Facilities  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for laundry facilities are: (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables; (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and  This Rule is not met as evidenced by: Based on observations, the building has not maintained compliance with this Rule.  Findings on 01/06/2016: (a) The existing Kitchen has been converted into a Laundry Room and the pathway for transporting soiled linen passes directly through a Living Room.	C 158		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE Administrator

(X6) DATE 1/6/16

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NAME OF PROVIDER OR SUPPLIER  ARBOR CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 610 BANNER AVENUE GREENSBORO, NC 27401		
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C 158	Continued From page 1  (b) There are not any walls and a door separating this space from living and recreational areas.	C 158	The laundry room currently has a half wall that separates it from living area and ramp. Half wall will be brought to the ceiling and the laundry entrance will be moved so soiled linen can be brought in without going through the living area. This should be completed no later than 4/30/2016	
(C 189)	Building Equipment Maintained Safe Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	(C 189)	All holes in drywall were repaired Completed 1/31/2016	
	This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.  Findings on August 5, 2015: There were holes that penetrate through the fire-resistance-rated wall and ceiling assembly thought-out the area referred to as the "Little House."  2- Based on observations, the building has not maintained in a safe and operating condition the fire detection system. This could result in injury to residents, staff and visitors if a fire condition were not quickly detected.			

Division of Health Service Regulation  
STATE FORM

DXDF22

If continuation sheet 2 of 3

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## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 01/06/2016
NAME OF PROVIDER OR SUPPLIER  ARBOR CARE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BANNER AVENUE GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 189)	Continued From page 2 Findings on 01/06/2016: (a) The building existing smoke detectors are not properly secured to support bases. (b) There are heat detectors that are not properly secured to support bases.	(C 189)	Smoke and heat detectors were secured to ceilings 1/8/2016	
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: Based on observation, the facility did not provide exhaust ventilation in all of the required spaces.  Finding on January 6, 2015 (a) No mechanical exhaust ventilation is provided in the laundry room of the "Little House".	C 199	Mechanical ventilation will be installed in laundry room by 4/30/2016	